

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037808

FILED  
Apr 01, 2008  
Secretary of State

Entity Name: METROWEST MEDICAL CENTER, LLC

## Current Principal Place of Business:

1781 PARK CENTER DR  
ORLANDO, FL 32835

## New Principal Place of Business:

## Current Mailing Address:

7251 UNIVERSITY BLVD, STE 300  
WINTER PARK, FL 32792

## New Mailing Address:

7251 UNIVERSITY BLVD  
SUITE 300  
WINTER PARK, FL 32792

FEI Number: 20-1140450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARDING, ROBERT L ESQ  
20 N EOLA DR  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MOKRIS, MICHAEL S MD  
Address: 1781 PARK CENTER DR  
City-St-Zip: ORLANDO, FL 32835

Title: MGRM ( ) Delete  
Name: REESE, BRADLEY R MD  
Address: 1781 PARK CENTER DR  
City-St-Zip: ORLANDO, FL 32835

Title: MGRM ( ) Delete  
Name: HUHN, JOHN F MD  
Address: 1781 PARK CENTER DR  
City-St-Zip: ORLANDO, FL 32835

Title: MGRM ( ) Delete  
Name: AUERBACH, DAVID B DO  
Address: 1781 PARK CENTER DR  
City-St-Zip: ORLANDO, FL 32835

Title: MGRM ( ) Delete  
Name: CLIFFORD B DUBBIN FA, MILY LTD  
Address: 1781 PARK CENTER DR  
City-St-Zip: ORLANDO, FL 32835

Title: MGRM ( ) Delete  
Name: SAFFRAN, ALAN J MD  
Address: 1781 PARK CENTER DR  
City-St-Zip: ORLANDO, FL 32835

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL S MOKRIS

MGRM

04/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date